

**IMPORTANT — Complete ALL items. Mark boxes where applicable.**

LOCATION OF BUILDING	Street Address		Zone	Plat & Parcel
	Lot			File Number
	Block	Subdivision		

**TYPE AND COST OF BUILDING—All applicants complete**

<b>57 D. PROPOSED USE — For "Wrecking" most recent use.</b> <b>RESIDENTIAL</b> 01 <input type="checkbox"/> One Family 02 <input type="checkbox"/> Two Family 03 <input type="checkbox"/> Three Family 04 <input type="checkbox"/> Four Family 05 <input type="checkbox"/> Five or more Family 06 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units → _____ 07 <input type="checkbox"/> Other - Specify _____ <b>NON-RESIDENTIAL</b> 09 <input type="checkbox"/> Amusement, recreational 10 <input type="checkbox"/> Church, other religious 11 <input type="checkbox"/> Industrial 12 <input type="checkbox"/> Parking garage 13 <input type="checkbox"/> Service station, repair garage 14 <input type="checkbox"/> Hospital, institutional 15 <input type="checkbox"/> Office, bank, professional 16 <input type="checkbox"/> Public utility 17 <input type="checkbox"/> School, library, other educational 18 <input type="checkbox"/> Stores, mercantile 19 <input type="checkbox"/> Other - Specify _____		<b>13A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any. 3 <input type="checkbox"/> Repair, replacement or Alteration 4 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building 5 <input type="checkbox"/> Moving (relocation) 6 <input type="checkbox"/> Foundation only		<b>15 C. COST. DATE .....</b> Cost of improvement ..... 21 To be installed but not included in above cost 27 a. Electrical ..... 33 b. Plumbing ..... 39 c. Heating, air conditioning ..... 45 d. Other (elevator, etc.) ..... 51 <b>TOTAL COST OF IMPROVEMENT</b> \$ _____ (Omit cents)	
Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____ _____ _____					
<b>63 PRINCIPAL TYPE OF HEATING FUEL</b> 1 <input type="checkbox"/> Gas 2 <input type="checkbox"/> Oil 3 <input type="checkbox"/> Electricity 4 <input type="checkbox"/> Coal 5 <input type="checkbox"/> Other - Specify _____		<b>14 B. OWNERSHIP</b> 1 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 2 <input type="checkbox"/> Public (Federal, State, or local government)		<b>J. DIMENSIONS</b> 64 Number of stories ..... Total square feet of floor area, all floors, based on exterior dimensions ..... Total land area, sq. ft. ....	
<b>60E. PRINCIPAL TYPE OF FRAME</b> 1 <input type="checkbox"/> Masonry (wall bearing) 2 <input type="checkbox"/> Wood frame 3 <input type="checkbox"/> Structural steel 4 <input type="checkbox"/> Reinforced concrete 5 <input type="checkbox"/> Other - Specify _____		<b>61 G. TYPE OF SEWAGE DISPOSAL</b> 1 <input type="checkbox"/> Public or private company 2 <input type="checkbox"/> Individual (septic tank, etc.)		<b>K. NO. OF OFF-STREET PARKING SPACES</b> 66 Enclosed ..... 68 Outdoors .....	
		<b>62 H. TYPE OF WATER SUPPLY</b> 1 <input type="checkbox"/> Public or private company 2 <input type="checkbox"/> Individual (well, cistern)		<b>L. RESIDENTIAL BUILDINGS ONLY</b> 70 Number of bedrooms ..... 73 No. of bathrooms { Full ..... 74 { Partial .....	

**IV. IDENTIFICATION - To be completed by all applicants.**

Name	Mailing address - Number, street, city and State	Phone No.
1. Owner		
2. Contractor		
3. Architect		

**WATER MANAGEMENT DISTRICT**

- ☐ Floodway  
☐ Flood Fringe  
☐ General Flood Plain  
☐ N. E. Waters  
☐ R. D. Waters  
☐ G. D. Waters  
☐ Wetlands

The owner of this building and the undersigned agree to conform to all applicable laws of DULUTH, MN

Firm	Date
Authorized Signature	
<b>DO NOT WRITE IN THIS SPACE — FOR OFFICE USE</b>	
Approved by	TEL. NO.
	Date permit issued
	Permit Number 7b

Fee
Plan Checking Fee
State Surcharge
<b>TOTAL FEE</b>